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Item of Interest:

Reduce the spread of germs. In order to limit the spread of germs, especially during flu season, keeping your hands clean is important. Washing your hands in soap and water for 20 seconds will do the trick. Remember to use warm to hot water. Cold water will not get rid of the germs.. Also, keep your home and work area clean. Keep phones and computers clean since these items tend to be used by multiple persons. For more information on reducing the spread of germs, visit www.cdc.gov.

Navy and Marine Corps Medical News

A Public Affairs Publication of the Bureau of Medicine and Surgery

Navy Medical Unit Helps Africa, Asia Combat Medical Threats

By Jim Garamone, Office of the Secretary of Defense Public Affairs

CAIRO - Disease knows no borders, and the men and women of the U.S. Naval Research Unit No. 3 know that better than anyone.

Adm. Mike Mullen, chairman of the Joint Chiefs of Staff, visited the joint-service unit April 21 and received briefings on how it operates and what threats the doctors, microbiologists and entomologists track each day. With similar units in Djakarta, Indonesia, and Lima, Peru, the unit tracks infections, disease vectors and the scope of outbreaks.

The units work with host nations

and other nations in their regions to build medical capacity.

"Cholera, other diarrheal diseases, HIV, avian influenza, Rift Valley fever, e-bola, leishmaniasis are among the diseases tracks, and the list goes on. Afghanistan even has diseases no one has ever heard of, because few researchers were allowed into the country in the past," said Lt. Jamal Dejli, a microbiologist at the unit.

From a military perspective, the unit works to ensure U.S. troops worldwide have good medical force

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PORT GENTIL, Gabon - Lt. Cmdr. Shay Razmi, a dental officer embarked aboard the amphibious transport dock ship USS Nashville (LPD 13), administers Novocain to a patient before extracting a tooth during an Africa Partnership Station medical civic action project April 21. Nashville is on a 10-day port visit in Port Gentile supporting Africa Partnership Station, a multinational initiative developed by Naval Forces Europe and Naval Forces Africa which aims to work cooperatively with U.S. and international partners to enhance maritime safety and security on the African continent. *U.S. Navy photo by Mass Communication Specialist 3rd Class Matthew Bookwalter*

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam. M. Robinson, Jr.

Surviving the Critical Days of Summer Motorcycle Safety is Key for Everyone in the Navy Medicine Community

With the winter season now behind us, the sunny and warm days of spring and summer invite us to cast off the cold and venture outdoors. Whether you are running out to the baseball field, taking a stroll around a park or gearing up your motorcycle for a quick ride, remember having fun doesn't mean ignoring personal safety!

Driving safely and adherence to the rules of the road is not limited to cars and trucks. Many motorcycle riders would say riding a motorcycle is fun and a thrill. This may be true, but keep in mind motorcycle ownership is no different than owning a car or truck; it comes with responsibility. You must obey the rules of the road just as car drivers do. Just like when you purchase a car, you are responsible for proper licensing, insurance, registration, training, and mandatory wear of personal protective equipment (PPE).

Before purchasing a motorcycle, all Sailors and Marines must consult with the first khaki in their chain of command to be certain they are aware of the responsibilities that come with ownership. Even if you don't plan to ride your motorcycle on a military installation, all Sailors, Marines and civilians must report their motorcycle ownership to their chain of command. This notification must occur within the first 48 hours

after purchasing the motorcycle. Since this is General Order, service members can be punished under the UCMJ for failure to report ownership of a motorcycle.

Sailors and Marines must also complete the Motorcycle Basic Rider Course provided by the Naval Safety Center. This 16-hour course focuses on basic and complex physical and mental skills, as well as risk management to minimize injury if involved in a crash.

Motorcyclists can exercise certain basic safety precautions while driving in order to limit the possibility of an accident. Motorcycle riders should drive with their headlights turned on at all times, wear personal protective equipment, have a current motorcycle driver's license, and have rear view mirrors mounted on each side of the handlebars.

A motorcycle accident can result in a wide range of injuries, from minor to life threatening – bone fractures, traumatic brain injury, spinal cord injury, disfigurement, or death. Seventy-five percent of motorcycle fatalities occur between April and August, and most fatalities occur during a weekend night.

Far too many of our Sailors, Marines, civilians, and their family members have been seriously injured or have died in motorcycle mishaps. Trends indicate an in-



crease in recklessness and noncompliance with traffic laws among younger riders, especially sport-bike riders. According to the Naval Safety Center, in FY08, 33 Sailors died in motorcycle incidents alone. That is more than the Sailors we lost in OIF and OEF combined this year. This is a tragedy for our service and we must be increasingly vigilant at every level of command.

Every time one of our Sailors, Marines or civilians is injured or killed in a motorcycle accident, the Navy's mission readiness is directly affected. This means we are down one Sailor, Marine or civilian and we lose a set of critical skills needed to support our mission. We want you to enjoy your time off and enjoy your liberty time with your friends and family. Ultimately, we want to see you back on the job fit and healthy. *Be Careful, Be Cautious and Be Safe!*

Are you a member of the Navy Nurse Corps? Are you interested in learning about and possibly enrolling in the Navy Nurse Corps Anesthesia Program (NNCAP)?

If you are, please visit <http://www.med.navy.mil/sites/navmedmpte/Pages/NavyNurseCorpsAnesthesiaProgram.aspx> for more information. You can also read the article "NNCAP 2009 Class Earn Certification" on page four to get some insight into the program.

NHB Holds Motorcycle Safety Stand Down

By Douglas H. Stutz, Naval Hospital
Bremerton Public Affairs Office

**NAVAL HOSPITAL BREMER-
TON, Wash.** - As a year-round mo-
torcyclist, Senior Chief Hospital
Corpsman Paul McFadden knows
that seasonal climate changes bring
more than just additional riders on
the roadways. Warmer weather
equates to more riders. Some are
unfamiliar and inexperienced. Oth-
ers have motorcycles in need of a
tune-up. Several need safety tips
and training reminders.

"Our overall goal is to have no
fatalities involving motorcycles at
Naval Hospital Bremerton (NHB) or
anywhere in the Northwest Region
in 2009," said McFadden, who took
it upon himself to set up and facili-
tate a command motorcycle safety
stand down event. "By putting this
stand down together, we are offer-
ing to any rider the chance to come
and make sure that those bikes

kept in storage all winter are safe
and ready to ride. We want this to
be a positive event to promote safe
and sane riding."

Compiled statistical evidence
bears that out that unsafe riding
does happen – 50 riders were killed
in motorcycle crashes in 2008 dur-
ing the '101 Days of Summer' be-
tween Memorial Day and Labor
Day.

"That's 50 too many and the
majority of those fatalities hap-
pened on a sports bike due to ex-
cessive speed and/or alcohol,"
noted McFadden, echoing the con-
cern that motorcycle safety experts
have on sports bikes, which were
involved in 88 percent of the fatal
crashes.

Representative from local mo-
torcycle businesses shared informa-
tion. The Kitsap County Sheriff's
Department explained how new
laws enacted will have heightened
scrutiny on riders, as well as sev-



BREMERTON, Wash. - Hospital Corpsman
2nd Class Wayne Bailey has his motorcycle
inspected as part of Naval Hospital Brem-
erton's Motorcycle Safety Stand down. The
event was organized to promote safe and
sane driving, as well as offer tune-ups,
safety tips, training reminders and explain
new law enforcement initiatives. *U.S. Navy
photo by Douglas H. Stutz*

eral initiatives that will focus on
cracking down on aggressive mo-
torcyclists. "I came by to increase

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Navy Medicine Unit continued...

(Continued from page 1)

protection. With airline travel as prevalent as it is to-
day, the dengue fever that was a problem in Ethiopia
today could be causing havoc at Fort Bragg, N.C., to-
morrow.

The unit – working with partners in Egypt, other
nations, the World Health Organization and the Centers
for Disease Control – are part of the tripwire to chart
diseases, develop vaccines and respond to any out-
breaks.

"This is a really important unit and a really impor-
tant mission," Mullen told the American and Egyptian
workers at the unit. The chairman thanked them for
their work and told them he is proud of the work they
do for America and the world.

Working alongside 152 Egyptian scientists and 97
contractors, 22 Navy and Army personnel and 11 civil-
ians work at the unit here. The unit has excellent rap-
port with Egypt's ministry of public health and with
countries running from Central Asia throughout Africa.
"Our medical staff went on 1,200 temporary duty as-
signments last year," said Capt. Kenneth Earhart, the
unit commander.

Earhart told the chairman that the unit has had a
shift in the way it operates over the past few years. It
previously had concentrated on pure medical research,
but now the U.S. and Egyptian specialists are spending
as much time building capacity in neighboring countries
as they do on research, he said.

"They are interested in the same things we are: build-
ing the capacity to improve public health, track diseases
and respond to outbreaks," Earhart said. "We do a lot of
training and capacity building from Kazakhstan to West
Africa."

When there is a disease outbreak, unit medics can go to
the area and conduct field studies, or local governments
can send samples to the unit for analysis and advice. The
unit has reference laboratory services that researchers
across the region can use.

The unit began in 1942 as part of the effort to address
the problem of typhus among allied troops in North Africa.
It was effective. After the war, the Navy established the
unit and expanded its responsibilities. It is a unit dedicated
to the health of all. No one goes into a country unasked,
and conclusions and research are shared with all qualified
public health professionals.

When there was a break in U.S.-Egyptian relations af-
ter Egypt's Six-Day War with Israel in 1967, all Americans
were required to leave Egypt. The Egyptian staff main-
tained the unit's capability. Soon, the Egyptian govern-
ment made an exception and allowed the unit's command-
ing officer to return. He was virtually alone until relations
thawed in 1974.

The unit has plenty to do. Workers are developing an
integrated communicable disease surveillance database,
working with countries of the region to publish a disease
surveillance bulletin, and are looking for antibiotic resis-
tance for diarrheas and for drug-resistant tuberculosis.

Colonoscopy Detects Chief's Cancer, 'Improves Chances for Survival'

By Marsha Childs, Naval Hospital Jacksonville Public Affairs

JACKSONVILLE, Fla. - On the day before he was scheduled to start chemotherapy, Hospital Corpsman Senior Chief (FMF/AW) Jonathan "Ace" Acedera seemed fragile as he reflected on his recent diagnosis of colon cancer. Only a few months earlier he was making plans for retirement, exploring promising job opportunities and entertaining the idea of learning to surf when his life took an unexpected turn.

Ace was scheduled to retire in December 2008 after 26 years of service. It was during a Veterans Administration (VA) disability physical in July 2008 when Dr. Antonia Silva-Hale discovered a 2006 medical record entry noting what Ace thought he saw: blood in his stool.

In 2006, the doctor told Ace that if there was indeed blood in his stool, it must have been there for years and, if cancer related, he should be dying or already dead. To be on the safe side, the physician ordered a colonoscopy. This study examines the large colon and small bowel using a fiber optic camera on a flexible tube passed through the anus while the patient is sedated.

Ace never followed up since he was still uncertain about the presence of blood. And if there was, he reasoned, it was probably due to irritated hemorrhoids. His decision was made in part due to his very demanding job. "I was so busy," he recalled. Hence, the colonoscopy was never performed.

The VA physician urged Ace to schedule the colonoscopy he never had in 2006. Although there was no family history of colon cancer, a factor that increases the risk

for the disease. "It was the way she said it that made me give it a lot of serious thought. I also wanted to put closure on the issue," he said.

In November 2008, Naval Hospital Jacksonville gastroenterologist Lt. Cmdr. John Bassett performed the screening and removed a suspicious lesion. "I expected it to be negative," Ace said. "I don't drink, I don't smoke, I exercise, and I pride myself on being very healthy." But two days later, Bassett called with the troubling pathology results.

There are rare events in our lives that are so significant that you never forget where you were or what you were doing. For Ace, this was that occasion. "So doc, what you're telling me is I have cancer?" he asked. Bassett confirmed his worst fears, the lesion was cancerous. He explained, "The key now will be to determine if the cancer has spread. While the diagnosis is serious and potentially life-threatening, now we can get you the care you need." The diagnosis was adenocarcinoma, a cancer known to be invasive, spreading to other parts of the body.

Additional radiological studies performed at the Naval Hospital and repeated at the University of Florida and Shands Jacksonville Medical Center showed no evidence of the disease in the liver, lungs and bone. The colonoscopy and additional testing revealed the disease had not spread throughout his body.

Ace was referred to Dr. Ziad Awad, a seasoned colo-

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NNCAP 2009 Class Earn Certification

By Mass Communications 1st Class
(SW) Arthur N. De La Cruz, Navy
Medicine Support Command Public
Affairs Office

BETHESDA, Md. - One-hundred percent of the most recent class of Navy Nurse Corps Anesthesia Program (NNCAP) students recently earned their national ranking and certifications at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Md.

All seventeen students of the NNCAP Class of 2009 passed their national certification examination to earn their credentials as Certified Registered Nurse Anesthetists (CRNAs).

"The Navy program is always very tight and well ahead of the civilians with regard to pass rates for certification and ranking nation-

ally," said Capt. Barton Welbourn, Navy Medicine Manpower Personnel Training and Education Command commanding officer. "This is a tribute to the students as well as the quality of the instructors and clinical preceptors."

The NNCAP has been in existence since 1962. The program runs for 30 months and consists of two phases.

Phase one is 12-months long and provides the graduate student with academic and professional education, including basic science classes, core nursing courses, statistics, and research methodology. This instruction is necessary for entrance into the clinical arena. Classes are conducted at either USUHS or at Georgetown University in Washington, D.C.

Phase two is 18 months of clinical training held at either Navy Medical Center San Diego, Navy Medical Center Portsmouth, Virginia, or Naval Hospital Jacksonville, Florida. This clinical phase is designed to guide the graduate student toward the goal of functional autonomy.

"This accomplishment adds 17 more CRNAs to the community," said Capt. Ann Hasselbeck, NNCAP program director.

According to Hasselbeck, this is important because CRNAs are one of the lowest density and highest deployed specialties within Navy Medicine. They will be used on all battlefield, Marine, maritime interdiction, and humanitarian missions to support the Navy's overall mission.

NH Rota Supports NASA Shuttle Missions

By Lt. Peter Schenke, Naval Hospital Rota, Spain

ROTA, Spain - When a NASA space shuttle roars from the launch pad into the atmosphere at 17,000 miles per hour, a number of teams in Europe are standing by, ready to assist in the event trouble may occur. It would only take the shuttle about 35 minutes from launch to make an unscheduled landing at one of the Transoceanic Abort Landing sites (TAL) in Europe making it important to have a medical support team fully capable and knowledgeable of shuttle emergencies.

Naval Hospital Rota (NH Rota), Spain has been supporting the NASA shuttle missions since 1984 when Moron air base was selected as one of three TAL sites in Europe. The TAL sites were originally selected due to the minimal requirement of fuel and steering needed to make a safe landing. Fortunately, the TAL sites have never been used. It's not a matter of if they are needed but a matter of when.

"The fact that they are able to support each mission as a team has tremendous advantages. Their service is truly appreciated and relied upon by NASA.

"The medical personnel of NH Rota personnel consistently provide outstanding TAL site support to NASA for all STS missions. Their efforts are key to ensuring that the highest level of medical care is available to our astronauts in the event of an emergency," stated Lt.

Col. Melinda Screws Medical Division Chief, Human Space Flight Support.

The duty of the NH Rota Shuttle Support Team is to provide emergency medical response to the Space Shuttle Astronauts. The hospital provides a team of over 20 medical personnel including providers, nurses and corpsmen all professionally trained by a team of NASA personnel. The training is a coordination of the Human Space Flight Support (HSFS) Office for Space Shuttle Support.

"NH Rota has a very unique mission that not many outside of Spain are even aware of. Since the Air Force Base in Moron has been identified as a Space Shuttle TAL site, our staff members form the medical team that supports this mission. We have a wonderful opportunity to be trained by NASA experts to provide medical support for an emergency shuttle landing should they experience problems shortly after take off and have to land at the airfield in Moron. We always look forward to hosting the training team and our goal is to train as many people as possible to be able to support the various shuttle missions" said Captain Pamela Roark, NH Rota's commanding officer.

All support personnel are required to attend the Space Operations Medical Support Training Course (SOMSTC). Specialized training personnel from NASA and Patrick Air Force Base conduct the two-day SOMSTC sessions. NH Rota



ROTA, Spain – Lt. Col. Melinda Screws, Lt. Col. Melinda Steiner and Lt. Jason Palmer, members of Naval Hospital Rota Shuttle Support Team, participate in a training evolution for a potential upcoming NASA mission at Naval Hospital Rota. *U.S. Navy photo provided by Lt. Peter Schenke*

recently held this training in December 2008. Over 70 members participated in the 2 day course, with a few participants coming from different bases throughout Europe.

The training introduces team members to general relationships between DoD and NASA, space physiology, space toxicology, and chemical and environmental exposure issues specific to the possible catastrophic breakup or landing of a shuttle. Instructors also bring an original space suit valued at around \$200-thousand which has at one time been used in a shuttle mission. Not only is it a very fun show and tell, it's important for team mem-

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Motorcycle Safety continued...

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my motorcycle knowledge and learn some good tips," said Hospital Corpsman 2nd Class Wayne Bailey. "Being able to get a free safety inspection is also great and something I really appreciate."

The safety inspections went over the basic condition of the entire bike from lights and horn to tire and wheel condition to brakes and fluid levels. Recommendations were made and advice was shared. "For example, maintaining correct tire pressure is so important," said McFadden. "It not only means better gas mileage, but ensures a better and safer ride. Tire pressure should

always be checked every few weeks."

The free safety inspections provided more than just a complimentary checkup to those interested. There were significant mechanical issues discovered. One motorcyclist had brake pads that were almost completely worn and was an accident waiting to happen. Another had a cracked tire. One rider's motorcycle had a rusted chain that would disable the machine if not repaired. "I think it's safe to say that by them coming in and having their bikes inspected, they saved themselves time, money and very possibly from an injury," McFadden said. "That's exactly what we wanted to do."

CBIRF's Chem Lab on Wheels

By Sgt. Leslie Palmer,
Chemical Biological Incident Re-
sponse Force, II Marine Expedition-
ary Force Public Affairs Representa-
tive

**NAVAL SUPPORT FACILITY
INDIAN HEAD, Md.** – Sometimes,
the enemy isn't recognized.

Chemical Biological Incident Re-
sponse Force (CBIRF), II Marine
Expeditionary Force Marines and
Sailors have a life-saving mission as
emergency responders. This re-
quires a lot of different disciplines,
one of which is organic to CBIRF.

"The mobile laboratory is an
analytical suite on a mobile plat-
form," said Dr. Erick Swartz, who is
the resident scientist at Naval Sup-
port Facility Indian Head, Md. "It is
designed to analyze gases but more
specifically, liquids and solids that
give off a gas."

With such a state-of-the-art
piece of equipment, training on how
to use it is vital to its implementa-
tion. Being able to recognize the
contaminants in a contaminated
area, identification and detection
platoon (IDP) Marines are impera-
tive to CBIRF's mission. Only IDP

Marines can operate the mobile
laboratory and go through exten-
sive training on its usage.

"First, Marines must master
sampling techniques in a contami-
nated area," Swartz explained.
"Then, they must pass technical
classes, including organic chemis-
try, in which they have to get at
least an A- to pass. This class really
teaches them to speak like a scien-
tist. Once Marines complete the
class, they are able to recognize
different materials from alcohols to
organic phosphates."

IDP Marines effectively use the
mobile laboratory to establish how
CBIRF Marines and Sailors conduct
their rescue operations.

"Primarily, IDP Marines identify
the hazard to establish clean and
dirty routes through the contami-
nated area. They also identify the
hazard to determine the level of
personal protective equipment
(PPE) and for decontamination and
medical purposes," Swartz ex-
plained.

The mobile laboratory has many
different capabilities, including a
force preservation factor. CBIRF
Marines and Sailors respond to any

Chemical, Biological, Radiological,
Nuclear (CBRN), or High-yield Ex-
plosive incident using different lev-
els of protection, one being level B,
which includes a gas mask and a
semi-encapsulated chemical protec-
tive over garment.

"Once we find out what the con-
taminant is, we can determine what
level of PPE the Marines have to be
in, if any. I think it's really impor-
tant just for that factor, because
being in the contaminated area in
level B all of the time can tire any
Marine out," said Lance Cpl. Logan
Carr, junior mobile laboratory op-
erator, IDP, Headquarters and Ser-
vice Company, CBIRF.

One of the many stepping
stones in training with the mobile
lab is putting it to use at the De-
fense Research and Development
Center, where IDP Marines conduct
live agent training under the guid-
ance of world-renowned scientists.

"Marines must also know down-
range analysis using portable ana-
lytical instrumentation. This also
serves a perquisite for a mobile lab

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Colonoscopy continued...

(Continued from page 4)

rectal surgeon at Shands for laparoscopic surgery on
Dec. 17. Entering through a small incision, Awad found
no visible evidence that the cancer had spread outside
the bowel. Further studies were done to determine the
exact location of the cancer and how deep it went into
the surrounding tissue.

After conferring with colleagues at Shands and Co-
lumbia, Awad recommended they proceed with the
bowel resection, a procedure to remove a portion of the
bowel. Ace recalled thinking, "If they took out a seg-
ment of my large intestine and it had cancer, I would be
glad it was taken out. If they took it out and it was
clean, I would have peace of mind."

The procedure was rescheduled for Feb. 11 where a
segment of the rectum and sigmoid intestine was re-
moved. In all, 17 lymph nodes were sampled: 15 came
back negative and two positive for cancer. Awad told
Ace he was shocked how aggressive his cancer was and
he had never seen anything it like before.

On March 24, Ace underwent the first of many che-
motherapy sessions that include both oral medication
and intravenous infusion. He said, "I try not to think

about the pain and side effects of the intravenous ther-
apy, which I need every 21 days for six months." His
chemotherapist explained his survival rate would improve
from 65 percent without chemotherapy to 85 percent with
the treatment. Chemotherapy affects patients differently,
but many experience nausea, loss of appetite and weight,
diarrhea, vomiting and hair loss.

The surgery left Ace weak with little appetite, but the
pain lessens every day. With the loving support of his
wife of 23 years, Margie, and his two sons Jordan, 19,
and Paolo, 21, Ace is "going to live it one day at a time."
He credits Bassett and his team for giving him the hope
of living another 30 years. He also credits Silva-Hale who
convinced him to have that colonoscopy before retire-
ment, which he now knows probably saved his life.

Ace is optimistic his medical journey will help others.
Colon cancer is largely a preventable disease with early
detection. It remains the second leading cause of all can-
cer-related deaths in the U.S.

The risk significantly increases for adults age 50 and
older. Because colon cancer develops from slow growing
polyps with no symptoms until it is advanced or there is a
large tumor present, early detection and intervention can
improve survival rates up to 90 percent.

Motorcycle Safety Month Gets Kick-Started

By Darren Harrison, Naval District Washington Public Affairs

ARLINGTON, Va. - Acting Secretary of the Navy B.J. Penn said motorcycle safety is a priority for the Department of the Navy and that he looks forward to a time when motorcycle safety is so instilled in the nation's culture, that never again does the Navy have to grieve another rider killed or lost to motorcycle accidents.

Penn made his comments at the third annual National Capitol Region Joint Service Motorcycle Safety Event in the north parking lot of the Pentagon May 1.

"When average Americans think about the dangers that go into waging war they think of threats in lands far, far away," Penn said. "When a year goes by and we lose more Sailors and Marines on motorcycles, than in support of the war, we are in many ways referring to a battle being fought at home in our own backyard – and our Marine Corps last year lost more people on motorcycles than we did in combat."

Celebrities such as the reigning Miss USA, Kristen Dalton, mingled with service members and military officials at the event that featured booths with safety information, three motorcycle simulators, and demonstrations by the Pentagon Police and world racing champion Kevin Schwartz.

Also featured was a motorcycle rodeo, a Le Mans Start Skill Challenge, food by the Grill Sergeant, Personal Protection Equipment (PPE) demonstrations and a group ride.

"I think the event is going very well; I am very pleased with the amount of non-DoD support we have here," said Rear Adm. Arthur J. Johnson of the Naval Safety Center. "This is a great way to kick off the start of May as Motorcycle Awareness Month."

Motorcycle trainer Rusty Reynolds, who trains the Navy SEALs, was on hand to discuss motorcycle protective gear, as well as demonstrate the differences, in quality, between a \$70 helmet and a \$300 helmet.

"In motorcycles you get what you pay for," Reynolds said. "If you buy a cheap helmet there's a reason it's cheap."

Reynolds said helmets can run as expensive as \$700 and those that have a "crush zone" have a greater ability

to absorb the impact of a crash.

"I like to say 'stupid hurts'," said Reynolds, mentioning that some states do not require a rider to wear a helmet.

One of the most popular exhibits at the safety event was the motorcycle simulators provided by Tulsa-based Simulator Systems International. The simulators taught the basic procedures of motorcycle riding and gave more experienced riders a chance to try their skills on a simulated sports bike.

"You have to be on your game, the sports bike is very touchy. I had to bond with that bike," said Peaches Hainline, who has been riding motorcycles for 25 years. "I like to say that riding a motorcycle is like tap dancing on a land mine. You have to know what you are doing and be careful."

For fiscal year 2008, sports bikes were in 88 percent of Navy and Marine Corps fatalities.

According to figures on the Naval Safety Center Web site, as of March 15, the Navy had experienced 14 deaths in fiscal 2009 from motorcycle-related accidents and the Marine Corps had experienced 22.

In fiscal 2008 the U.S. Navy experienced a total of 33 fatalities and the Marine Corps had experienced 25. In the three years, fiscal 2006 to fiscal 2008, there were a total of 139 deaths across the Navy and Marine Corps.

"Three years ago a motorcycle accident took the life of a friend of mine, a friend named Richard Dawson. Richard was not just a member of the Navy family, he was also one of my best friends," said Penn. "A purple heart recipient, Richard survived extreme combat conditions in Vietnam, but he could not survive an extreme motorcycle collision in Virginia."

Penn said the best way to honor Dawson — and the other Navy personnel who have died as a result of motorcycle accidents - is to make motorcycle safety a priority.

"Just last year the services stepped up their efforts to reverse that disturbing trend," Penn said. "Statistics are showing that your efforts are working, which is encouraging, but you don't work such long hours and make so many sacrifices just to improve statistics."

NASA continued...

(Continued from page 5)

bers to know how to remove the complicated hi-tech suit. Removing the helmet to access the astronaut's airway while maintaining head and spine alignment is particularly important, as well as knowing where to cut the suit to expose potential injuries of the astronaut.

The NH Rota shuttle team is always ready to adapt to the ever changing NASA schedule. Many times an initial launch date has been scrubbed due to complications and the NH Rota teams quickly adjust to the new launch date. Prior to a launch each member of the medical team is assigned a specific astronaut. The medical team is instructed to stay with the astro-

naut until they are medically cleared after the TAL landing. A typical launch will require the team to arrive the day before for a pre-exercise to simulate the potential landing of a shuttle. The entire team is present for the pre-brief, staging area and then simulation of the launch and TAL landing. The whole event is completed with a post-exercise brief.

Purple Heart Recipients Presented 'Quilts of Valor'

By Mass Communications Specialist
1st Class (AW) Russ Tafuri, Naval
Hospital Pensacola Public Affairs
Office

PENSACOLA, Fla. - Naval Hospital Pensacola Commanding Officer Captain Maryalice Morro held morning colors and weekly awards ceremony May 1. But on this particular day -- also known as May Day and the first day of Military Appreciation Month in Pensacola -- two hospital corpsmen were recipients of Purple Heart medals, for injuries sustained in support of Operation Iraqi Freedom, and 'Quilts of Valor' from a pair of veterans-support groups.

Chief Hospital Corpsman Dexter L. Lewis and Hospital Corpsman 2nd Class Carlos J. Cordova were presented with the medals, and special quilts by Roberta Speh, area coordinator for 'Quilts of Valor', and Navy Retiree Mark Harden, co-chairman of the Global War on Terrorism Veterans in Need (GWOTVIN) Committee.

The two U.S. Navy-themed quilts with special patches sewn on

had an even-more special sentiment behind the presentations.

"These quilts are in appreciation of your courage and dedication in protecting our safety here" (in the U.S.), said Speh. Quilts of Valor, a non-profit organization with members sewing and donating quilts to service members injured in Operations Iraqi and Enduring Freedom, was established in 2003 by Catherine Roberts when her son deployed to Iraq.

GWOTVIN's presentation of quilts "is a way that we, who have served, have a chance to give back," added Harden. His organization is a committee of the Pensacola Veterans Memorial Park Foundation committed to helping severely injured veterans and their families.

One particular thing about the donated quilts to the two corpsmen is a special patch sewn into each depicting the Hospital Corpsman caduceus symbol, the Marine Corps insignia, and a stitched note of thanks from Speh -- who hand-made both quilts.



NAVAL HOSPITAL PENSACOLA - Roberta Speh (left), area coordinator for Quilts of Valor and Global War on Terrorism Veterans in Need Co-Chairman Mark Harden (far right) present Hospital Corpsman 2nd Class Carlos Cordova (2nd from left) and Chief Hospital Corpsman Dexter L. Lewis with quilts in honor of their service at an awards ceremony May 1 at NH Pensacola. The corpsmen were also recipients of Purple Hearts. *U.S. Navy photo by Mass Communications Specialist 1st Class [AW] Russ Tafuri*

Chem Lab continued...

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operator," Swartz added.

In order to get the sample that is in the contaminated area, IDP Marines travel into the contaminated area to skillfully collect the samples.

"Then, IDP Marines bring the samples back to us here at the mobile lab," Carr explained, "and we'll

process the sample from there."

Undergoing several changes, the mobile laboratory has gone from a simple process to an innovative and state-of-the-art operation, Swartz explained.

"The original mobile lab pretty much consisted of a Gas Chromatograph-Mass Spectrometer in a van," he said. "In the old mobile lab, we had a portable separate fume hood on a table."

The new mobile lab benefited from several lessons learned.

"We designed it with two things in mind; safety and redundant operations, so if we lose something, we'll have a back-up," Swartz explained. "For example, if our hydrogen generator fails, we have a small helium tank that lasts for several days of operation, until the hydrogen generator can be fixed or replaced. For safety, one thing we

have is the glove box, which is safer than a fume hood."

Leading the way in progressive research, CBIRF is exploring a new way to use the mobile lab with sorbent sampling tubes, which collect most gases and vapors from the air. While the tubes are the size and shape of a pen, they fit onto a Marine's chemical protective over garment.

"The sorbent tubes let us analyze what contaminant the Marines are exposed to," Swartz explained. "The mobile lab allows us to monitor Marines, when they come through the decontamination line."

Having the right tool for the right job is pivotal in analyzing contaminants, so CBIRF Marines can properly execute their life-saving mission, making them more capable of saving lives.



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